

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10/796334 FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		NO.	NO.	NO.	NO.
	IND	DEP	IND	DEP	IND	DEP				
1	1		1				51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12	1	1	1				62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19	1		1				69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3		3				TOTAL IND.			
TOTAL DEP.	25		25				TOTAL DEP.			
TOTAL CLAIMS	28		28				TOTAL CLAIMS			

BEST AVAILABLE COPY